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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a CON of PCT/FR02/02158 06/21/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*

FRANCE 0108157 06/21/2001

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/24/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 0	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials Examiner's Signature Initials				

## ADDRESS

005487

## TITLE

Pharmaceutical formulation having a masked taste and method for the production thereof

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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